

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on June 16, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Codes 99214, 99213, 99213-MP, 97250, 97032, 99070-G, 99070-I, E-1399 and 97010 for dates of service 08/26/02 through 03/18/03.

II. RATIONALE

Submitted EOBs deny the services for “R – Not related to the compensable injury. The requestor also submitted a Benefit Dispute Agreement showing the claimant sustained a compensable injury on ___, which included the right knee, and does not include Chondromalacia to the patella of the right knee; therefore, the disputed dates of service will be reviewed according to the 1996 Medical Fee Guideline and TWCC Rules. EOBs were not submitted for dates of service 10/29/03 and 03/18/03 and will be reviewed according to the 1996 Medical Fee Guideline and TWCC Rules.

- CPT Code 99213-MP for dates of service 08/26/02 through 10/01/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(B)(1)(b) SOAP notes do not support the services rendered as billed. Reimbursement is not recommended.
- CPT Code 97250 for dates of service 09/17/02 through 10/29/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) SOAP notes do not support the services rendered as billed. Reimbursement is not recommended.
- CPT Code 97032 for dates of service 09/24/02 through 03/18/03. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(iii) SOAP notes do not support the services rendered as billed. Reimbursement is not recommended.
- CPT Code 99070-G for date of service 10/01/02. Per the 1996 Medical Fee Guideline, General Instructions (VIII)(A) and (B), modifier “G” is not one of the modifiers recognized in the Medical Fee Guideline. Reimbursement is not recommended.
- CPT Code 99213 for date of service 10/22/02. Per the 1996 Medical Fee Guideline, Evaluation & Management Rule (VI)(B) SOAP note supports service rendered as billed. Reimbursement in the amount of \$48.00 is recommended.

- CPT Code 99070-I for dates of service 10/29/02 and 03/18/03. Per the 1996 Medical Fee Guideline, General Instructions (VIII)(A) and (B), modifier “I” is not one of the modifiers recognized in the Medical Fee Guideline. Reimbursement is not recommended.
- CPT Code 99214 for date of service 03/18/03. Per the 1996 Medical Fee Guideline, Evaluation & Management Ground Rule (IV)(C)(2) and CPT descriptor submitted SOAP note does not support the level of service billed. Reimbursement is not recommended.
- CPT Code 97010 for date of service 03/18/03. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(ii) submitted SOAP note does not support the service was rendered as billed. Reimbursement not recommended.
- HCPCS Code E1399 for date of service 03/18/03. Per the 1996 Medical Fee Guideline, General Instructions (III)(A) submitted SOAP note does not support the DOP criteria. Reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99213 in the amount of \$48.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$48.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 5th day of March 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf